

# Misgivings galore

The northern branch of the Flat Earth Society is alive and flourishing! To prove it, members – all chief nursing officers in the Northern RHA – recently got together to discuss the UK central council's consultation paper on nurse education and training. **ANTHONY CARR, SRN, NDNCert, Queen's Nurse,** describes their response.

**T**HIS paper, issued to the nursing profession for consultation, contains a totally new approach to: the organisation of nurse training; the position of the state enrolled nurse; and the administration of nurse training and education. We have noted with great concern that the chief executive officer of the UKCC, Maude Storey, has been reported in the professional nursing press as saying there would be criticisms of the paper and suggesting that such critics belonged to the "flat earth society"!

This does not seem to be a proper stance to take when the reorganisation of a major health care profession's training is being proposed. It is only by proper discussion and debate that a satisfactory solution can be found. Miss Storey went on to say that the consultative document was a philosophy of what was desirable in the profession.

First, it is a difficult paper to read as comments keep being repeated in an *ad hoc* way and there is a lack of logical development. There is also lack of evidence to support the proposals being made. The National Health Service is now a large spender of the nation's money, yet it seems it is quite proper in these days of economy to make proposals of a general kind without giving any indication at all that the costs of such proposals – short, medium and long-term – have been defined or considered.

The paper should not be called a "philosophy" but rather a leaning towards "professional irresponsibility" in that it raises the expectations of some levels of staff which could not possibly be achieved in their professional lifetime.

Reviewing the membership of working group 3, we found only one nurse manager member, and understood that the manager was invited to join the working group after some of the work had been started.

The document shows a noticeable

lack of understanding of the role of senior management in the nursing profession.

We comment on some of the 15 sections in the paper.

## 1 – Introduction

In this introduction, and throughout the paper, is the comment that basic nurse training will enable the nurse "to promote health in the home, at school, and at work". Although one section (section 6, paragraph 2) states: "There must be an appreciation of the difference between self-care, nursing in the home, in the school and in the work place as well as of the patient in his hospital bed", elsewhere the reader could be forgiven for believing that basic nurse training will prepare the nurse to work in all these areas on registration.

Some clarification is required of what is proposed. Even an appreciation will require a nurse to spend some time "in the home", and "at school" and "in the work place", unless the education is to be purely theoretical.

If it is to be theoretical, then this should have been clearly stated in the paper. Therefore, one can assume placements will have to be found for varying times for all students undertaking the various trainings leading to registration. At the present time it is very difficult to find enough places for student nurses. Pupil nurses are now required to have less specialised types of experience.

Under the new proposals, however, there will be one grade of student, all having to receive specialised areas of experience. There seems to be no way in which this new experience could be added to the student, because the placements would just not be there.

## 2 – Background

In the glossary and usage, under the heading "training and education", it is accepted that the Act only mentions



“training”. However, an opportunity is lost to convey to the profession that there are two distinct aspects in training and education: training being interpreted as the “learning the art of nursing” aspect, that is, being in the clinical situation and working under the supervision of trained practitioners, learning the job; whereas education is developing theoretical concepts in group or tutor/student situations. This is not made clear at all, although the words “education and training” are used later on in the paper.

An opportunity has been lost by the working group to demonstrate that they themselves understood the difference between training on the job and education in the environment of a college, while accepting at the same time that education can and does also occur in the work situation.

### 3 – Preparation for the role of the professional nurse

The reader has to assume that this section relates to the basic preparation of a nurse who wishes to undertake general, mental handicap, mental illness, and sick children’s nursing, and possibly midwifery, because the paper indicates that entry to the profession will be through becoming a registered nurse.

Nowhere, however, is this concept of multiple preparation conveyed. There has to be an assumption by the reader. Equally, the paper could be read as preparation for a general registered nurse only. Clarification is needed on this point. It is accepted that the first post of a professional nurse as stated in this section does not equip her to lead a team of equals and that further preparation is required.

### 4 – Preparation of support staff

This section states that there is merit in removing the word “nursing” from any title of the present nursing auxiliary and suggests the term “care assistant”. In common with other parts of the paper, this statement is made without any supporting evidence or argument and it is therefore difficult to comment on such a proposal.

There is a general feeling among nurse managers that if many of the proposals outlined in the paper are put into effect, more and more of nursing responsibilities will be placed on auxiliaries, not less. It could be argued, therefore, that the nursing of the future would still be undertaken by nursing

auxiliary staff under another title.

Certainly, one would have wished to see the merits of the new title argued in some detail, so that the profession could determine the strengths and weaknesses of the arguments. Some health authorities might wish to establish the training for the staff and appoint the appropriate teachers to supervise their training.

### 6 – Routes of registration

It is difficult to be constructive about this. The comment in paragraph two should be noted: “That all courses for registration should encourage the promotion of health – in the home, at school and at work – the prevention of illness, as well as giving supportive nursing care in the home and in the hospital.”

No indication is given of how this could be achieved and we do not feel it is an answer to say that it is up to the national boards to interpret as they wish. There is no indication that the working group members themselves had any clear idea of how a new curriculum could be formed to embrace these very wide aims and objectives.

We would have liked to see an argument of the merits and otherwise of proposing broad curricula for the course for registration, and some appreciation of validation of a course based on a broad curriculum from individual colleges. As it is, the proposals are so vague they could mean anything or everything depending on the background experience of the reader.

The fourth paragraph under this section indicates the conversion courses for registration for the state enrolled nurse. In section 3 on page 6, in the last paragraph, it is also mentioned that conversion courses would be made available for the enrolled nurse who wished to proceed to registration. On page 14, the conversion courses for those wishing to proceed to registration are indicated as: “1. Short-term – shortly after the appointed day.” This highlights again the difficulty in reading the paper. No one section deals with this; a scan of the whole paper is essential to check on any proposal put forward for consideration.

The question has to be asked whether the working group gave any attention at all to the statistics available to them. If so, they would have noted that at present there are just over 59,000 enrolled nurses practising in England, with a further 16,500 pupil nurses in training for general nursing. If registration is going

to be the only route to qualification, the 16,500 pupil places will no doubt be converted to student places.

The questions raised are:

- where is the extra money coming from to allow large numbers of enrolled nurses to convert to registration?
- where are the tutors to teach them going to come from?
- where are the placements necessary for the existing state enrolled nurse to conform with the EEC directives; in particular, the places for obstetric, paediatric and psychiatric experience in many parts of the country are extremely limited?
- have the effects on the service been at all considered or thought out?

It is one thing to have a philosophy on the way the profession should develop, it is quite another to see if there are any practicalities in the proposals being suggested. All the way through the paper, this lack of credibility appears time and time again.

### 8 – The learning environment

The powers given to the colleges of education and midwifery are very extensive indeed. The criteria which the colleges will use are indicated on page 10, (i) – (iii). It appears the colleges will lay down the exact requirements registered nurses should have before placement of students is contemplated. Second, the staffing ratios will be laid down and, third, the staffing levels and the vetting of the work of the ward is seen to be almost entirely an educational procedure.

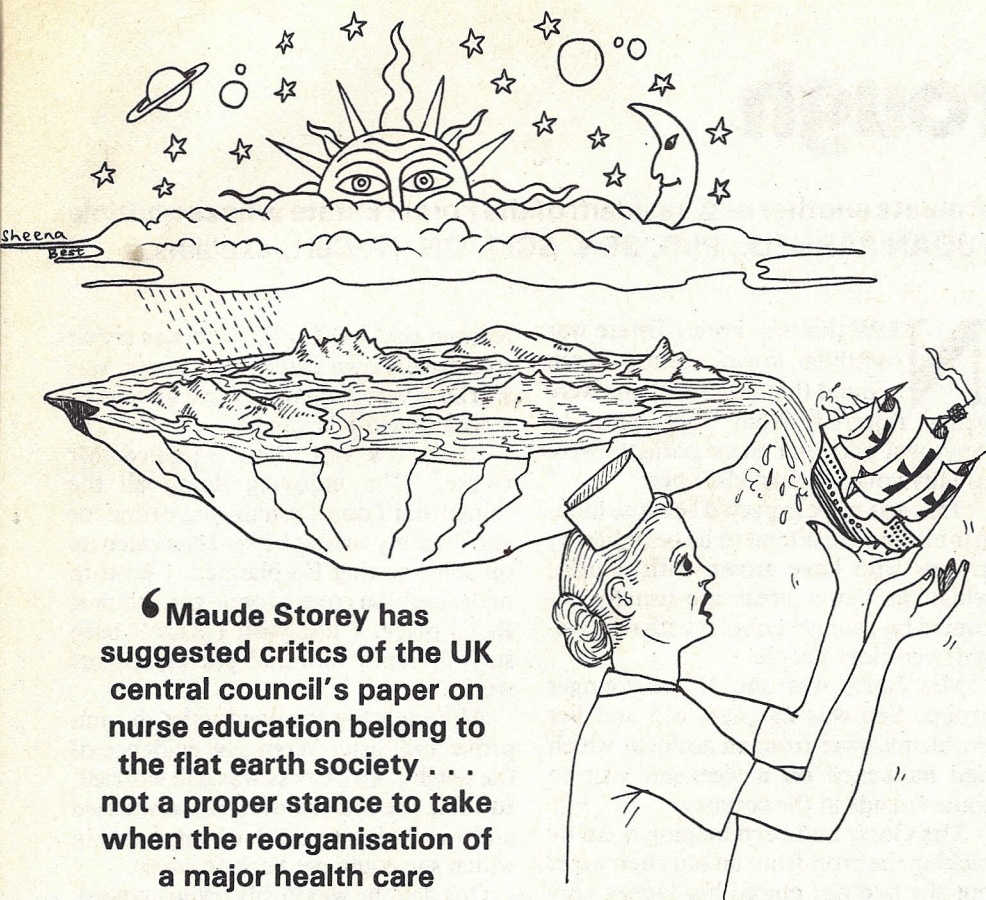
The pursuit of such excellence may be good in the professional sense but surely this has to be modified to take account of the present service being offered to the patient. If, on top of these powers granted to colleges of nursing and midwifery, are added the finances of the student, which is indicated in section 11, then the dominance of education over the service areas is complete.

### 9 – Employment legislation

It is a relief to notice the employment status of the nursing student is not seen as an urgent priority for alteration. It is impossible to accept the concept that a student can obtain increasing responsibility but not be held accountable for her actions. This is a negation of all present employment legislation and practice and would be unenforceable in law.

The effect of such a proposal would be that the management of the National





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Health Service would not allow students any proper responsibility at all in the areas of patient care, because of the thought that another person would be responsible for the student's action, even if that student had received a level of education and experience that would allow her to carry out certain procedures with patients.

It is also seen as a highly irresponsible recommendation in that if the student is not held accountable, she could not in any way be disciplined, even by the college, for inappropriate or dangerous practice. It would therefore be theoretically possible for a nurse to be highly dangerous in practice but at the same time achieve the status of registered nurse.

## **10 - Colleges of nursing and midwifery**

Although the main aim of the reorganisation of the health service is more decentralisation, section 10 could lead to more central control, particularly by the central council of the national boards. The management of the health service would be particularly concerned if the budgets for learners were passed over to the colleges.

The only power that present health authorities have over health visiting and district nurse training is that they sponsor students to colleges of further and higher education. If the results of the courses are not acceptable to the health authorities, they may decide to take their custom to another college. As a counter-proposal, it is therefore suggested that health authorities hold the budgets of learners. They would enter into an agreement with the colleges of nursing and midwifery for a number of students to be trained. That commitment could be over a period of years. That being agreed, the money could then be handed to the college or paid direct to the student.

However, should the college not perform to the satisfaction of the health authority, due notice could be given to that college that the numbers were to be reduced in terms of financial aid available, and that the health authority was to look increasingly elsewhere, if this was possible, for other colleges to train its students.

Without this control, the separation of education from services, with very little formal service involvement, will lead to decreased numbers of nurses in train-

ing and an increasing demand within health authorities to form their own in-service training programmes and develop educational programmes for care assistants to replace many of the students now presently in post. There is no genuine argument put forward to convince the reader of the advantages of separation from service.

A board of governors could be established within the health authority organisation, with the same powers as the paper suggests, without separate employer status.

Nowhere is there demonstrated that the changes proposed would bring the present tutorial staff back into the patient care situation. The proposals are more likely to make the tutors even more isolated than at present.

## **12 - Service implications**

Although the first sentence states the belief of the working group that its proposals will lead to improved standards of care, no argument is put forward to justify that claim. As can be seen, there will almost inevitably be fewer nurses in training because of the EEC requirements. There will be tremendous pressure to convert a large number of the 60,000 existing state enrolled nurses for registration. There could be difficulties associated with education and service being separated in the way proposed, leading to disillusionment among the practitioners and nurse managers of the service - all leading, one could assume, to a lowering in the levels of the standard of care.

There are no proposals for the general administrative and financial support necessary to establish separate colleges of nursing and midwifery or the likely increased costs of such a division. At a time of constraint in the National Health Service, we feel it is highly irresponsible for senior nurses to make proposals which they have not made any attempt to cost.

It is not clear, from a comparison of the national board's paper with the UKCC's paper, who is doing what, and there is a danger that no one organisation will do the detailed work necessary to draw up a timetable for implementation of some or all of these proposals.

In summary, the proposals do not have the sound evidence of statistics or adequate explanation, and are unacceptable in their present form □